practice environments including inpatient/out-patient pharmacy, clinics, managed care, and LTC. The widespread applicability of the DSMT will be beneficial to healthcare practitioners, administrators, and researchers with diverse interests from managed care organizations, long term care, hospitals, community settings, and educational institutions.

DA6

STRATEGIES FOR FORMULARY COMPARISONS IN THE MEDICAID MANAGED CARE ERA

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Traditional state Medicaid programs that adopt an open managed care model must adapt their oversight from a single drug formulary to multiple formularies. Following the workshop, participants should be able to identify and describe successful strategies for obtaining and analyzing data needed to evaluate appropriateness of multiple drug formularies. Practical experience with obtaining information and creating a database containing multiple formularies, procedures to incorporate analysis of drug therapy by disease state, and different methods used to categorize drugs for evaluation will be presented. These will be demonstrated by comparing medications used for the treatment of peptic ulcer disease by Medicaid managed care formularies in the state of Tennessee. This workshop is intended for government and healthcare industry decision makers and others involved in quality control and improvement.

DA7

PROSPECTIVE, NATURALISTIC OUTCOMES MEASUREMENT: THE SCHIZOPHRENIA CARE AND ASSESSMENT PROGRAM (SCAP)

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The constraints on healthcare delivery have created demand for intervention analyses that address the "real world," naturalistic setting. Retrospective databases can provide a naturalistic view of drug and service utilization derived from administrative data. However, there are times when administrative data does not fully address decision-makers' questions. When this is the case, prospective non-randomized studies represent another approach that can collect more comprehensive data. This workshop will explore the development and implementation of such a study, the Schizophrenia Care and Assessment Program (SCAP). SCAP evaluates the relationship between usual medical care as delivered in various health systems and clinical, humanistic, and economic outcomes for patients with schizophrenia. SCAP is currently enrolling in the United States and Australia where each patient will be followed for three years. The total sample will be 2,700 participants. The workshop will cover three development stages of this project: (1) retrospective view of drug and service utilizations patterns, (2) protocol development, (3) site start-up and baseline characteristics of the enrollees. The use pattern portion of the workshop will discuss methods appropriate for analyses in retrospective database studies. The protocol development section will discuss instrument development, instrument selection, and administration for the setting of a naturalistic study. The site start-up and baseline characteristics section will discuss training and enrollment issues in a study of this size and the practical issues surrounding MIS resource use data. Early baseline characteristics on an expected sample of 250 U.S. enrollees will also be discussed. Attendees will gain an understanding of design and implementation issues in naturalistic settings for marketed products. Professionals who expect to be involved in prospective outcomes studies or who are interested in exploring this option should attend.

DA8

EVALUATING HEALTH OUTCOMES AND PHARMACOECONOMIC LITERATURE

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In 1997, the United States Pharmacopeia (USP) established an Ad Hoc Outcomes/Cost Effectiveness Advisory Panel to consider the development of specifications for compiling, indexing, and evaluating outcomes research/cost-effectiveness literature on a disease-specific basis. Such a resource could be used to support pharmaceutical therapy choice decision making by a variety of potential users. The USP has developed a protype health outcomes and pharmacoeconomic annotated registry of the literature on the disease state, congestive heart failure. Other organizations have established and are marketing pharmacoeconomic and health outcome literature registries, with two examples being the HEED database (OHE-IFPMA Database Ltd.) and the University of York NHS Centre for Reviews and Dissemination (DARE).

OBJECTIVE: To share experiences and to identify the needs of decision makers for outcome/pharmacoeconomic information and to discuss whether they are being met by currently available literature sources. Decision makers include health care practitioners, managed care organizations, third party payers, industry and governments.

WORKSHOP FORMAT: The USP congestive heart failure protype literature registry will be described and compared to currently available pharmacoeconomic/outcome databases. Participants will share their assessment of the currently available abstracting service/databases and determine if there is a role for further developments.

DESIRED OUTCOME: To determine if there is a need for a collaborative approach among interested parties to make relevant health outcome/pharmacoeconomic infor-